FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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Į	OMB APPR	OVAL					
	OMB Number:	3235-0	3235-0076				
	Expires:						
	Estimated average burden						
	hours per respon						

SEC USE ONLY					
Prefix		Serial			
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- '-	nt and name has changed, and indicate change.)	_
NuvoSun, Inc Common Stock and Convertite Filing Under (Check box(es) that apply):	504 Rule 505 Rule 506 Section 4(6)	□ ULOE
Type of Filing: New Filing Amendment	, 304 Raic 303 Raic 300 Bestion ((o)	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer		08057659
Name of Issuer (check if this is an amendment a	and name has changed, and indicate change.)	3337,000
NuvoSun, Inc.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3788 Fabian Way, Palo Altc, CA 94303		
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(If different from Executive Offices)	PROCESSED	SEC Mail Draw
Brief Description of Business		Mail Processing Section
Solar Power Technology	AUG 1 3 2008) Section
		AUG 0 7 2008
Type of Business Organization Corporation Timitéü	partnership, already formed other (p	clease specify):
corporation in imited	partnership, to be formed	· · · · · · · · · · · · · · · · · · ·
	Month, ;-) '; Year	Washington, DC
Actual or Estimated Date of Incorporation or Organiz Jurisdiction of Incorporation or Organization: (Enter	ation: 011 018 📝 Actual 📗 Estir	
GENERAL INSTRUCTIONS	.,	
Federal: Who Must File: All issuers making an offering of secur 77d(6).	ities in reliance on an exemption under Regulation D o	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 and Exchange Commission (SEC) on the earlier of the which it is due, on the date it was mailed by United S	date it is received by the SEC at the address given be	
Where To File: U.S. Securities and Exchange Commi	ission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must photocopies of the manually signed copy or bear type		y signed. Any copies not manually signed must be
Information Required: A new filing must contain all thereto, the information requested in Part C, and any m not be filed with the SEC.		
Filing Fee: There is no federal filing fee.		
State: This notice shall be used to indicate reliance on the UULOE and that have adopted this form. Issuers rely are to be, or have been made. If a state requires the accompany this form. This notice shall be filed in this notice and must be completed.	ing on ULOE must file a separate notice with the S payment of a fee as a precondition to the claim for	ecurities Administrator in each state where sales rethe exemption, a fee in the proper amount shall
<u> </u>	ATTENTION	
Failure to file notice in the appropriate sta appropriate federal notice will not result in filing of a federal notice.	tes will not result in a loss of the federal ex a loss of an available state exemption unle	semption. Conversely, failure to file the ss such exemption is predictated on the

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Director Executive Officer General and/or Check Box(es) that Apply: 7 Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Pearce, David Business or Residence Address (Number and Street, City, State, Zip Code) 3788 Fabian Way, Palo Alto, CA 94303 Check Box(es) that Apply: Executive Officer General and/or Promoter ☐ Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Hollars, Dennis Business or Residence Address (Number and Street, City, State, Zip Code) 3788 Fabian Way, Palo Alto, CA 94303 Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if ir.dividual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Executive Officer General and/or ☐ Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: [] Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING													
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								Yes	No 🔀				
2.									\$_90,000.00				
3.										Yes R	No □		
4.													
Full Name (Last name first, if individual)													
Bus	siness or	Residence	Address (N	fumber and	d Street, C	ity, State, Z	Cip Code)				<u> </u>		
Nai	me of As	sociated Bi	oker or De	aler				<u>. </u>					
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		 -				
	(Check	"All States	s" or check	individual	States)							☐ Al	I States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	vidual)				_					
Bus	siness or	Residence	Address (?	Number an	d Street, C	City, State,	Zip Code)						
Nai	me of As	sociated Bi	oker or De	aler				<u> </u>		_	<u> </u>		
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)	***************************************		•••••				☐ Al	1 States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)						-			
Business or Residence Address (Number and Street, City, State, Zip Code)													
Nai	ne of As	sociated Br	oker or De	aler									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)								☐ Al	1 States				
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	•	\$
	Equity		\$ 10,000.00
	✓ Common Preferred		
	Convertible Securities (including warrants)	1,490,000.00	1,490,000.00
	Partnership Interests		
	Other (Specify)		
	Total	1,500,000.00	\$ c_1.500.000.00
		<u> </u>	\$
_	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregata
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	6	\$_1,500,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A	<u> </u>	\$
	Rule 504		\$
	Total		<u>\$_0.00</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_10,000.00
	Accounting Fees	•	\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)	_	\$
	Total	_	\$ 10,000.00

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted gros	S		\$1,4	90,000.00
5.	Indicate below the amount of the adjusted gross proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate an Tthe payments listed must equal the adjusted gros	d			
			Of Dire Affi	ments to fficers, ctors, & iliates	(yments to Others
	Salaries and fees		.┏∕\$ <u>3</u>	22,432	<u> </u>	181,862
	Purchase of real estate		. 🔲 💲		. \$ _	
	Purchase, rental or leasing and installation of macand equipment	hinery	. 🔲 \$	-		do, i 20
	Construction or leasing of plant buildings and fac					
	Acquisition of other businesses (including the val offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another	. 🔲 \$	_	. 🗀 \$_	-
	Repayment of indebtedriess		. 🗆 \$	~	S	_
	Working capital		. 🔲 💲	-	s	
	Other (specify):		\$			775586
			3	22,432	\$ \$	1, 167,568
	Column Totals		. Ps <u>v</u>		₽ \$_	3.00
	Total Payments Listed (column totals added)			⊋ ∕\$_ 0∶	00 1,4	90000
	-	D. FEDERAL SIGNATURE				
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Comm	ission, u	pon writte		
 Iss	uer (Print or Type)	Signature	Date	_		····
Νι	uvoSun, Inc.	Daid Beun	7/	23/08	2	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		/		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

END

- ATTENTION -

President and CEO

David Pearce

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)